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ABSTRACT

Clinical judgement involves a search for internal consistency which can be validated by predicting responses within a protocol, or internally. Internal predictive validity assumes that one source of consistency is the individual--an assumption that was tested in a prediction task using the sentence completion test (SCT). Artificial protocols matching those of actual people were constructed by randomly drawing completions from a pool. Undergraduate subjects (N=40) were significantly more accurate in predicting actual responses, supporting the assumption of personality consistency and the internal predictive validity within the SCT. (Author)

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Internal Predictive Validity of Clinical Judgment and Personality Consistency[1]

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Internal Predictive Validity of Clinical Judgment and Personality Consistency

Understanding another person through clinical judgment involves inferring a hypothesis about the particular personality structure of that individual (Meehl, 1963; Holt, 1961). In the intuitive interpretation of projective tests some assumptions underlying this process are made explicit as components of the projective hypothesis (Rapaport, Gill, & Schafer, 1975; Henry, 1973). They are (1) that there is some consistency in the test data; (2) that the judge is able to detect this consistency to some degree; and (3) that the source of the consistency within the test data is due, at least in part, to the consistency in the person.

Personality inferences under these assumptions, then, are searches for internal consistency due to the person, and require evidence of validity. Training manuals sometimes suggest that the interpreter formulate hypotheses from a subset of the given data and then predict responses to subsequent stimuli within the test (Henry, 1973). Holt (1961) is quite explicit on the continuum between predictive validity and the criteria for internal consistency:

> Logically, there is no difference... What looks like prediction can be converted into a search for internal consistency... Thus the clinician can and should accomplish something like a cross-validation by dividing the data within the sample available to him... It is even possible to form hypotheses on the basis of responses to one card or picture and to test them on the immediately following material within the same test.
>
> (p. 380)

Such internal predictive validity may be useful in checking interpretative hypotheses, but there are difficulties in evaluating accuracy in personality judgment (Cline, 1964; Wiggins, 1973). One problem is that the accuracy might be the result of predicting typical responses using baseline knowledge of a given population (such as the usual run of patients in a clinic) or a typology (such as diagnostic category or ego development level), or a number of other sources (Cline, 1964). The accuracy of prediction might then fail to give an estimate of the understanding of the person qua person. That is, it doesn't bear on the assumption that the test consistency has a source in the individual coherence of the person.

This question can be addressed by observing the results of a known violation of the assumption of a coherent source. A judgment task was devised using the sentence completion test (SCT). Accuracy in predicting stem completions was assessed under two conditions. In the coherent condition, SCT protocols from actual people were used. In the random condition, the assumption of a coherent source was violated by constructing protocols matching the coherent ones in all respects except that the completions to each stem were drawn randomly from a pool of responses given by several people instead of just one. If the coherent source assumption of the projective hypothesis has any validity, then predictive accuracy in the coherent condition should be higher than in the random condition.

Subjects were 40 female undergraduates in an introductory personality psychology courses at a large, eastern university.

The dependent measures were derived from two SCT tasks. The first task used protocols from a 36 stem SCT of ego development (LSCT) (Loevinger, Wessler & Redmore, 1970). Three protocols from commonly occuring ego levels were selected from examples in the manual to be the coherent protocols. Three random protocols were constructed by

drawing corresponding completions from the lists in the manual, controlling for ego level and frequency of occurance of each stem completion. The second SCT task was based on a 69 item test using work oriented content to assess components of ego strength (SWSCT) (Stotsky & Weinberg, 1965). From a sample of 27 protocols completed by women at a clinic in the northeast, three were selected to be the coherent protocols. The three random protocols were constructed by drawing completions for each stem from the remaining 24 protocols.

For the LSCT task, subjects were asked to predict the completions to the last 10 stems based on the first 26 completed stems. For the SWSCT task, subjects used the first 50 to predict the last 19 stems. Subjects were permitted to refer back to the completed stems and to use as much time as needed. They did not know that some of the protocols were randomized and they received no feedback. Random and coherent conditions and the two versions of the SCT were counterbalanced to disperse any practice and fatigue effects.

Raters compared the predicted completions to the completions actually associated with each stem and determined whether the ideas in the corresponding completions were basically the same, using only the manifest meaning of the completion. Interrater reliability on the LSCT material was .82 (r) and aggreement on the SWSCT was .96 (r). Scoring was done by a rater blind to the random and coherent conditions. Coherent score accuracy was the sum of correct predictions in the three coherent protocols. Random source accuracy was the sum under the random condition.

The predicted results were obtained in both versions of the SCT. For the LSCT the coherent score ($M = 2.58$, $SD = 1.50$) was significantly higher than the random ($M = 1.55$, $SD = 1.20$), t $(37) = 4.28$, $p < .001$. In the SWSCT the coherent score ($M = 6.26$, $SD = 2.52$) was also higher than the random ($M = 4.40$, $SD = 1.89$), t $(39) = 4.03$, $p < .001$.

These results support the assumption that some detectable consistency within a SCT is due to the coherence of an individual. Predictions were better under the coherent condition even within rather homogeneous sets of protocols, in which a good estimate of the stereotypical response to a stem for the ego level or clinic population might go a long way in predicting responses.

These findings suggest that clinicians are justified in testing their understanding of a particular person by internal prediction, in the sense that the assumption of detectable personal consistency in this projective test is warranted. Nevertheless, caution in interpreting such tests is necessary. While previous research suggests there is also an individual, non-stereotypical component of judgmental accuracy to external criteria, it is usually a rather modest increment over chance levels (Cline, 1964). This is the case with internal accuracy as well. Further, the relation of internal to external predictive accuracy is unclear. Until it can be established

by future research, a limited interpretation of these findings is advisable, because there seems to be a tendency for a relatively few positive instances of judgment to lead to an inflated sense of confidence and an illusion of validity in judgmental accuracy (Einhorn & Hogarth, 1978). These results should be clearly understood as evidence not for the accuracy of judgment but for its basis, in part, in the coherence of the person.

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Footnotes

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